

Candidate  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2010 Non-Judicial Election

RECEIVED

JAN 31 2011

Secretary of State  
Capitol Office  
DATE STAMP

Name of Candidate Gray TollisonAddress PO Box 1216, Oxford, MS 38655Telephone 662-234-7070 Fax 662-234-7095Contact Name Gray Tollison Email graytollisonlaw.comOffice Sought State Senate, Dist. 9 Political Party Democratic
☐ Check here if above is different from previous report
**TYPE OF REPORT**

- May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
- June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
- October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
- November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- X   January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees

     Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

**IMPORTANT**

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$4500 + \$ 900	\$ 5400.00	\$ 5400.00
Total amount of disbursements	\$ 962 + \$ 1134.59	\$ 2096.59	\$ 2096.59
Total amount of cash on hand		\$ 18,398.44	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

1/31/11

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Gray Tollison  
 Reporting period Jan 1, 2010 through Dec 31, 2010

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Optometry For Progress</u>	<u>1/10/10</u>	\$ <u>500.00</u>
Mailing Address <u>141 Executive Dr., Ste 5</u>	<u>1/1/10</u>	\$
City, State, Zip Code <u>Madison, MS 39110</u>	<u>1/1/10</u>	\$
Name of Employer (Required) <u>Optometrists</u>	<u>1/1/10</u>	\$
Occupation (Required) <u>Optometry</u>	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Center Management Co., LLC</u>	<u>1/10/10</u>	\$ <u>500.00</u>
Mailing Address <u>7700 Forsyth Blvd.</u>	<u>1/1/10</u>	\$
City, State, Zip Code <u>St. Louis, MO 63105</u>	<u>1/1/10</u>	\$
Name of Employer (Required) <u>healthcare services</u>	<u>1/1/10</u>	\$
Occupation (Required) <u>healthcare</u>	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>BNSF Railway Co.</u>	<u>9/18/10</u>	\$ <u>250.00</u>
Mailing Address <u>2500 Lou Menk Dr., A0B-3</u>	<u>1/1/10</u>	\$
City, State, Zip Code <u>Fort Worth, TX 76131</u>	<u>1/1/10</u>	\$
Name of Employer (Required) <u>railroad</u>	<u>1/1/10</u>	\$
Occupation (Required) <u>railroad</u>	Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Check into Cash of Miss, Inc.</u>	<u>9/14/10</u>	\$ <u>500.00</u>
Mailing Address <u>PO Box 550</u>	<u>1/1/10</u>	\$
City, State, Zip Code <u>Cleveland, TN 37364</u>	<u>1/1/10</u>	\$
Name of Employer (Required) <u>check cashier</u>	<u>1/1/10</u>	\$
Occupation (Required) <u>check cashier</u>	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Gray Tollison  
 Reporting period July 1, 2010 through Dec. 31, 2010

## ITEMIZED RECEIPTS

<b>A. Source:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
Full name <u>Motorola</u>	<u>9/22/10</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 68429</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Schaumburg, IL 60168</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required) <u>electronics</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required) <u>electronics</u>	Aggregate year-to-date	\$ <u>250.00</u>
<b>B. Source:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>Altria Client Services, Inc.</u>	<u>10/19/10</u>	\$ <u>500.00</u>
Mailing Address <u>333 N. Point Center E.</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Alpharetta, GA 30022</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required) <u>tobacco</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required) <u>tobacco</u>	Aggregate year-to-date	\$ <u>500.00</u>
<b>C. Source:</b> <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>Wal*Pac</u>	<u>10/29/10</u>	\$ <u>500.00</u>
Mailing Address <u>702 SW 8th St.</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Bentonville, AR 72716-0150</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required) <u>retail</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required) <u>retail</u>	Aggregate year-to-date	\$ <u>500.00</u>
<b>D. Source:</b> <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>ATT+T PAC</u>	<u>11/4/10</u>	\$ <u>500.00</u>
Mailing Address <u>175 E. Capital St.</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Jackson, MS 39201</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required) <u>telecommunications</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required) <u>telecommunications</u>	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Gray Tollison  
 Reporting period Jan. 1, 2010 through Dec. 31, 2010

## ITEMIZED RECEIPTS

<b>A. Source:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
Full name <u>Grand Trunk Western Railroad Co.</u>	<u>11 / 9 / 10</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 5025</u>	<u>  /  /  </u>	\$
City, State, Zip Code <u>Troy, MI 48007</u>	<u>  /  /  </u>	\$
Name of Employer (Required) <u>railroad</u>	<u>  /  /  </u>	\$
Occupation (Required) <u>railroad</u>	Aggregate year-to-date	\$ <u>250.00</u>
<b>B. Source:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>Norfolk Southern Corp.</u>	<u>11 / 17 / 10</u>	\$ <u>250.00</u>
Mailing Address <u>Three Commercial Place</u>	<u>  /  /  </u>	\$
City, State, Zip Code <u>Norfolk, VA 23510</u>	<u>  /  /  </u>	\$
Name of Employer (Required) <u>railroad</u>	<u>  /  /  </u>	\$
Occupation (Required) <u>railroad</u>	Aggregate year-to-date	\$ <u>250.00</u>
<b>C. Source:</b> <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>Entertainment Software Assn.</u>	<u>12 / 29 / 10</u>	\$ <u>500.00</u>
Mailing Address <u>575 7th St., NW, Ste 300</u>	<u>  /  /  </u>	\$
City, State, Zip Code <u>Washington, DC 20004</u>	<u>  /  /  </u>	\$
Name of Employer (Required)	<u>  /  /  </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
<b>D. Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name	<u>  /  /  </u>	\$
Mailing Address	<u>  /  /  </u>	\$
City, State, Zip Code	<u>  /  /  </u>	\$
Name of Employer (Required)	<u>  /  /  </u>	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee

Gray Tollison

Reporting period

Jan 1, 2010

through

Dec 31, 2010

## ITEMIZED DISBURSEMENTS

A. Full name	<u>Brandon Jones Campaign</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>6/22/10</u>	\$ <u>250.00</u>
City, State, Zip Code	<u>Pascagoula, MS</u>	<u>  /  /  </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>250.00</u>
B. Full name	<u>Gray Tollison</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>PO Box 1216</u>	<u>8/9/10</u>	\$ <u>462.00</u>
City, State, Zip Code	<u>Oxford, MS 38655</u>	<u>  /  /  </u>	\$
Purpose of Disbursement (Optional)	<u>travel reimbursement</u>	Aggregate Year-to-date	\$ <u>462.00</u>
C. Full name	<u>Oxford Music Festival</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>8/11/10</u>	\$ <u>250.00</u>
City, State, Zip Code	<u>Oxford, MS 38655</u>	<u>  /  /  </u>	\$
Purpose of Disbursement (Optional)	<u>sponsorship</u>	Aggregate Year-to-date	\$ <u>250.00</u>
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>  /  /  </u>	\$
City, State, Zip Code		<u>  /  /  </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>  /  /  </u>	\$
City, State, Zip Code		<u>  /  /  </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>  /  /  </u>	\$
City, State, Zip Code		<u>  /  /  </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$